



Employee Services Department
500 Castro Street, P.O. Box 7540
Mountain View, CA 94039-7540
FAX 650-903-6054

EMPLOYMENT APPLICATION

PLEASE NOTE: 1. A separate application is required for each position.
2. Use a typewriter or print in ink. Incomplete or illegible application will not be considered.
3. Keep the Employee Services Department informed of any change of address.

POSITION

Position applied for _____

How did you learn of the position for which you are applying? _____

PERSONAL

Last name _____ First name _____ Middle name _____

Have you ever used another name? _____

Street Address _____ City _____ State _____ Zip Code _____

Are you over 18 years of age? Yes _____ No _____ If under 18, can you, after employment, submit a work permit? _____

Home phone (_____) _____ Work phone (_____) _____

Do you have a valid driver's license or I.D. card? California _____ Other State _____ License No. _____ Class _____

Have you any relatives working for the City of Mountain View? Yes _____ No _____

If yes, give name and relation _____

EDUCATION

Name of High School _____ City/State _____ High School Diploma or GED? Yes _____ No _____

Name of College or University _____ City/State _____ Major _____

College or University units completed (semester/quarter) _____ Degrees completed _____

Name of Trade or Business School _____ City/State _____ Course of study completed _____

Other special training, languages (read, speak, write), professional licenses or registrations _____

Clerical Skills: Typing WPM _____ Shorthand WPM _____ Other office equipment _____

VOLUNTEER EXPERIENCE

Job-related community or volunteer experience (if applicable). Do not list any political party affiliations.

Dates _____ Organization _____ Special responsibilities _____

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CONVICTIONS

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? Yes _____ No _____ List all convictions after your 18th birthday. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.)

If YES, please explain fully. Attach a separate sheet if this space is not adequate _____

Have you received any vehicle citations for moving violations within the last five years? Yes _____ No _____ (A YES answer to this question is not an automatic bar to employment. Each case is considered individually for positions requiring a valid California Driver's License.)

If YES, please explain fully. Attach a separate sheet if this space is not adequate _____

EMPLOYMENT HISTORY

Starting with your present or last employer, please account for your work experience. Please attach any supplemental information you think might be useful. However, be sure you fill out the application fully. RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Dates employed: From _____ / _____ to _____ / _____ Total years/months _____ Hours per week _____
month / year month / year

Your job title or occupation _____ Salary: Beginning _____ Ending _____

Number of persons you supervised _____ Your supervisor's name and title _____

Name of employer _____ Phone (____) _____

Address of employer _____

Your duties and responsibilities _____

Reason for leaving _____

Dates employed: From _____ / _____ to _____ / _____ Total years/months _____ Hours per week _____
month / year month / year

Your job title or occupation _____ Salary: Beginning _____ Ending _____

Number of persons you supervised _____ Your supervisor's name and title _____

Name of employer _____ Phone (____) _____

Address of employer _____

Your duties and responsibilities _____

Reason for leaving _____

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Address of employer _____

Your duties and responsibilities _____

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AGREEMENT

READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I agree and understand any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the City of Mountain View. I agree to furnish such proof of age, citizenship, licenses and education as may be requested; and, if required by the position for which I am applying, I further agree to be fingerprinted and to submit to a complete medical examination by a City physician.

I understand that all offers of employment are conditioned upon satisfactory proof of identity and legal ability to work in the United States and that the City of Mountain View is legally required by the Federal Government to hire only U.S. citizens and aliens lawfully authorized to work in the United States.

I understand that it is the policy of the City of Mountain View to preserve the right to equal employment opportunity for all persons, including those with physical, mental or sensory disabilities.

Signature _____ Date _____